

SEPTIC CONSTRUCTION PERMIT

ASSESSOR'S PARCEL NO: E.H.#

LOCATION:

Street No. Street Name Area Zip Code

OWNER MAILING ADDRESS TELEPHONE NO.

CONTRACTOR MAILING ADDRESS TELEPHONE NO.

DESCRIBE WORK TO BE DONE

SIZE OF PROPERTY SUBDIVISION/MLD LOT NO.

NO. OF BEDROOMS EXISTING BUILDINGS ON PROPERTY

I HEREBY CERTIFY THAT THE PROPERTY OWNER HAS AUTHORIZED THIS APPLICATION FOR A CONSTRUCTION PERMIT:

Applicant's Signature: Date:

FOR DEPARTMENT USE ONLY

SEWAGE DISPOSAL

New Expansion Repair Seepage Pits Septic Tank Only Other

Size of Septic Tank: Leachline Specifications

Size of Pump Tank: Length: Width: Depth: Sq.Ft.:

Minimum Setbacks Required Property Lines: Front: Side: Rear:

Wells: Drainage: Creek: Pond: Percolation Test Results: Depth: Performed By: Date:

Special Design System Specifications/Remarks:

Septic Permit Fee: Receipt #: Date Paid:

WATER SUPPLY

IF ON COMMUNITY SYSTEM WILL SERVE LETTER

Name of District Required: Received:

IF ON PRIVATE WELL

Permit Required? Permit No: Well Yield: Storage: Gal.

REMARKS:

PLANNING DEPT. APPROVAL: Signed Zone Dist. Front Setback Sides Rear Date

APPROVED APPROVED WITH CONDITIONS DENIED

REASON FOR DENIAL OR CONDITIONS OF APPROVAL/REMARKS

PRE-CONSTRUCTION MEETING REQUIRED CONSULTANT'S CERTIFICATION REQUIRED

THIS APPLICATION BECOMES A PERMIT WHEN SIGNED BY ENVIRONMENTAL HEALTH SERVICES

ENVIRONMENTAL HEALTH SPECIALIST SIGNATURE DATE

THIS PERMIT EXPIRES 1 YEAR FROM DATE OF ISSUE

MAY BE RENEWED A MAXIMUM OF TWO(2) TIMES PROVIDED RENEWAL APPLICATION IS MADE PRIOR TO PERMIT EXPIRATION DATE

DISTRIBUTION: WHITE-Health CANARY-Owner PINK-Installer/Contractor

